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PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: HELMUT REUL ET AL. - 1 (PCT)

SERIAL NO.: 10/522,331

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FILED: JULY 22, 2003

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Germany 102 47 629.2 FILED: October 11, 2002

FOR: INTRAVENOUS OXYGENATOR

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Supplemental to the Information Disclosure Statement filed on January 24, 2005, Applicants wish to bring to the attention of the Patent Examiner the reference listed on the enclosed Form PTO-1449. It is respectfully requested that the foregoing Supplemental Information Disclosure Statement (IDS) be incorporated into the official file of the present PCT patent application. Because this Supplemental IDS is being filed before a first Office Action on the merits, it is believed that no fee is required. However, if a fee should be required for this IDS, the Commissioner of Patents and Trademarks is hereby authorized to charge any required fee, or to credit any overpayment to Deposit Account No. 03-2468.

Respectfully submitted,
HELMUT REUL ET AL. - 1 (PCT)

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Enclosures: PTO-form 1449

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 14, 2005.

Maria Guastella

FORM PTO-1449 (Modified) U.S. DEPARTMENT OF COMMERCE (REV. 7-80) PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO.: REUL et al 1 PCT	SERIAL NO.: 10/522,331
LIST OF REFERENCES CITED BY APPLICANT (Use several sheets if necessary)		APPLICANT: Helmut REUL et al	
		FILING DATE: 01/24/05	GROUP:

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA	5,487,727	01/1996	Snider et al.			
	AB						
	AC						
	AD	MAR 16 2005					
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AL							
	AM							
	AN							
	AO							
	AP							

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER _____ DATE CONSIDERED _____

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.